

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Candidate

Election Year .

A Public Document

NAME (LAST)	(FIRST)	(MICDLE)	DAYTIME TELEPHONE NUMBER	
Quinlan	Christy	D	(916)319-9223	
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	A STATE OF THE STA	
1323 J Street, Ste 1600	Sacramento	CA 95814		
1. Office, Agency, or Court		4. Schedule Sum	mary	
Name of Office, Agency or Court		➤ Total number of pages		
Office of the Chief Information Officer		including this cover page:3		
Division, Board District, if applicable:		Check applicable schedules or "No reportable interests."		
Your Position		I have disclosed interests on one or more of the attached schedules Schedule A-1 Yes – schedule attached		
Chief Deputy Director				
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		Investments (Less than 10% Ownership)		
Agency:		Schedule A-2 Ye Investments (10% or great	es – schedule attached er Ownership)	
Position:		Schedule B Ye	s - schedule attached	
		Schedule C X Ye	es - schedule attached	
2. Jurisdiction of Office (cr	neck at least one box)	Income, Loans, & Busin	ess Positions (Income Other than Gifts	
✓ State	room at reast one boxy	and Travel Payments)		
County of			es - schedule attached	
		Income - Gifts		
City of		Schedule E X Yes - schedule attached		
Multi-County		Income - Gifts - Travel	Payments	
Other			-or-	
		No reportable inter	rests on any schedule	
3. Type of Statement (Chec	k at least one box)			
Assuming Office/Initial Date	<u></u>	Free Paris Service And		
558	100,000,000	5. Verification		
Annual The period covered is J through December 31, 2008.	anuary 1, 2008.	I have used all reaso	nable diligence in preparing this	
-or-			wed this statement and to the best	
O The period covered is/_ December 31, 2008.	through	of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
Leaving Office Date Left(Check one)	<i>11</i>			
O The period covered is January date of leaving office	y 1, 2008, through the		March 27, 2009	
-or-		Date Signed	(month gay year)	
O The period covered is/_	through			
the date of leaving office	unougn	Signature _		

(File the originally signed statement + 111)

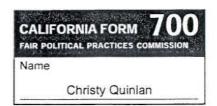
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	LIFOR POLITIC	243		700
Name	ne			
Christy Quinlan		hristy	Quinla	n

15 INCOME RECEIVED A WAR TO THE RESEARCH AND THE RESEARCH	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Dolphin SCUBA	
ADDRESS	ADCRESS
1530 El Camino Ave, Sacramento CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
SCUBA and Swim School and Sales	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
SCUBA Instructor	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \overline{\text{X}} \$1,001 - \$10,000	S500 - \$1,000 S1001 - \$10,000
\$10.001 - \$100,000 DVER \$100.000	S10 001 - \$100 000 OVER \$100 000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
- Visited States of the Control of t	
Sale of(Property_car, bout, etc.)	Sale of(Property, car boot, etc.)
Commission or Rental income list each source of \$10,000 or more	Commission or Rental Income ist each source of \$10,000 or mor
Schilles and a Reliability of Section at the section of the section at the section of the sectio	Constitution of the New York and Space of Stocker of St
Ctner	Cther
(Describe)	(Describe)
You are not required to report loans from commerci of a retail installment or credit card transaction, many	ial lending institutions, or any indebtedness created as p de in the lender's regular course of business on terms o your official status. Personal loans and loans received the disclosed as follows:
NAME OF LENDER	INTEREST RATE TERM (Months/Years)
	% None
DDRESS	
	SECURITY FOR LOAN
SUSINESS ACTIVITY, IF ANY OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
	Street address
\$500 - \$1 000	Roal Proporty Street address City
	Street address
	Street aggress City
\$: 00: - \$10,000	City Guarantor
	City Guarantor
	City Guaranter Other

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- · Reminder you must mark the gift or income box.
- · You are not required to report "income" from government agencies.

▶ NAME OF SOURCE	▶ NAME OF SCURCE
E-GOV 1105 Government Information Group	Center for Digital Government and Education
ADDRESS	ADDRESS
3141 Fairview Park Dr. Ste. 175	100 Blue Ravine Road
CITY AND STATE	CITY AND STATE
Falls Church VA	Folsom, CA
BUSINESS ACTIVITY, IF ANY OF SOURCE	BUSINESS ACTIVITY, IF ANY OF SOURCE
Gave Speech at GHIT Conference	Panel Discussion at Govenment Industry Summit
DATE(S): 06 / 12 / 08 . 06 / 13 / 08 AMT S 682.00	DATE(S): 08 / 10 / 08 - 08 / 11 / 08 AMT \$ 403.50
TYPE OF PAYMENT (must check one) X Gift Income	TYPE OF PAYMENT (must check one) X Gift Income
DESCRIPTION: Airline Ticket	DESCRIPTION Airline Ticket
NAME OF SOURCE	▶ NAME OF SCURCE
ADDRESS	ADDRESS
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY OF SOURCE	BUSINESS ACTIVITY, IF ANY OF SOURCE
DATE(S)	DATE(S):
TYPE OF PAYMENT (must check one) Gift Income	TYPE OF PAYMENT (must check one) Gift Income
DESCRIPTION.	DESCRIPTION
Comments:	